



STATE OF ARKANSAS

**Department of Finance  
and Administration**

**REVENUE DIVISION  
Motor Fuel Tax Section**

Post Office Box 1752  
Little Rock, Arkansas 72203-1752  
Phone: (501) 682-4800  
Fax: (501) 682-5599  
<http://www.state.ar.us/dfa>

**REPORTING FIRM AUTHORIZATION FORM**

Licensees are required to file applications/returns and pay taxes as owed. They are also required to accept and respond to various types of official communications with the Department of Revenue.

If a licensee prefers a Reporting Service to fulfill these responsibilities, this form is to be completed. This is a privilege extended to the licensee which requires special handling by the Department, therefore, such action will not be considered unless this form is properly completed and placed on file with the Department. The completion of this form does not relieve the licensee of the legal obligations associated with a particular license. The licensee is ultimately responsible for the payment of taxes as well as all acts and omissions of the stated Reporting Service.

**Power of Attorney**

KNOW ALL MEN BY THESE PRESENT, that the undersigned principal and licensee has made and appointed, and does hereby make and appoint (Firms Name) \_\_\_\_\_

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Phone Number),

to act as Attorney-in-Fact for the licensee, who makes this appointment either personally or in an authorized representative capacity on behalf of the including licensing ; this power of attorney shall be for all matters related to IFTA fuel taxes including licensing, decal orders, fuel tax reports and discussing all required documents with any agent of the commissioner of Revenue.

IN WITNESS WHEREOF, I, \_\_\_\_\_

have set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Legal Representative

\_\_\_\_\_  
Title

**ACKNOWLEDGEMENT**

STATE OF \_\_\_\_\_ ) COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, in and for the county and state aforesaid personally appeared \_\_\_\_\_ and acknowledged to me that he executed the same as his free and voluntary act and deed, of said corporation, for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

Notary Public \_\_\_\_\_

My commission Expires: \_\_\_\_\_